

# Operation Greyhound

## Adoption Application

Name(s)  E-Mail

Work Phone  Cell  Home

Home address   
Include city & zip code

Name of relative or friend NOT living with you  Contact Phone

How many adults in household?  Children  Ages

I / We:  Own a home  Own a condo or rent a townhouse or condo  Rent a home  
 Mobile home  Military housing

If renting, please give the name and phone number or e-mail address of the property manager.

Mgr Name  Phone or E-Mail

How long at your present address?  Do you plan on moving in the near future?  Yes  No

If you move, what will you do with your pet?

Do you have a fenced yard?  Yes  No What type fence?

Height of fence at lowest level.

Who will be responsible for the care of your greyhound?  Does anyone have allergies to dogs?  
 Yes  No

What pets do you currently have?

Type of animal	Age	Sex	Spayed/Neutered	Where kept?	Where does it sleep?
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

If you pets are dogs, what temperament are they?  Friendly  Playful  Aggressive  Shy  
 Protective

Your veterinarian: Name  Phone

Have you ever relinquished an animal to a shelter?  Yes  No

What were the circumstances?

What are the reasons you want to adopt a greyhound?

Main Reason

Other Reasons  Watch dog  Hunter  House pet  Companion for children

Companion for another dog  Gift To Whom?

Greyhound Preferred  Male  Female  Either  Young  Adult  Senior

Temperament  Active  Easygoing  Playful  Affectionate  Shy

Where will the greyhound be during the day?

How many hours will the greyhound be left alone?  Number of days of the week

Where will the greyhound sleep at night?

What outside shelter will you provide for the greyhound?

How will you keep your greyhound confined to your property? and Do you have a pool?  Yes  No

In house  Kennel  Fenced yard  On chain  On patio  With training

Do you consent to a home visit and safety inspection of your property?  Yes  No

When can you adopt?

If you must give up the greyhound, do you agree to return it to Operation Greyhound?  Yes  No

I / We certify that all the information above is true and correct

Signature  Printed Name  Date

Signature  Printed Name  Date

Proceed to Adoption Agreement form prior to submitting Application